CLAIMS ONLY

Application Number	Filing Date
10615940	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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48						
49						
50						
Total Indep	1					
Total Depend	9					
Total Claims	10					

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	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						